



Insurance Application Form

Name of Business
Contact Person
Property Address
City
State
Zip
Business Phone
Cell Phone
Fax
Email

Insured is (Corp, LLC, Partnership, Individual)

No. of Years this specific facility has been in operation at this location:

Hours of Operation
Building Limits
Business Personal Property
Outdoor Signs
High Rise Sign
Glass Coverage Needed (yes or no)
Construction Type
Total Square Foot Area
Year Built
Building Updates (Include Year)

Burglar Alarm Type
Sprinkler System
Fire Alarm Type
Number of Pumps
Pump Coverage Needed?
Money Security Coverage On Premises?
Canopy Coverage?
Environmental Coverage for Tank?

Sales Information

Gas Sales	<input type="text"/>
Convenience Store Sales	<input type="text"/>
Lotto Sales	<input type="text"/>
Car Wash	<input type="text"/>
Auto Service	<input type="text"/>
Do you need Hired	
Non Owned Auto?	<input type="text"/>

Loss History

Enter all claims or occurrences that may give rise to claims for the prior 3 years

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Enter "none" if no claims or occurrences in prior 3 years

Current Premium

Current Insurance Company

Coastal Underwriters